

# **Office of Elder Services**

**Department of Health and Human Services**

**State of Maine**

## **State Plan on Aging**

**October 1, 2008 – September 30, 2012**

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**Verification of Intent**

The State Plan on Aging is hereby submitted for the State of Maine for the period October 1, 2008 through September 30, 2012. The plan includes goals, objectives, strategies, and performance measures to be conducted by the Office of Elder Services, Maine's State Unit on Aging, during this period. The Office of Elder Services has been given the authority to develop and administer the State Plan on Aging in accordance with the requirements of the Older Americans Act. The Office of Elder Services is primarily responsible for the coordination of all state activities related to purposes of the Act, such as development of comprehensive and coordinated systems for the delivery of supported services, including health, housing, social and nutrition services; and to serve as the advocate for Maine's older adults.

The Plan is hereby approved by the Governor and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements. The State Agency assures that it will comply with the specific program and administrative provisions of the Older Americans Act.

7/31/08  
(Date)

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Diana Scully, Director  
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7/23/08  
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## Executive Summary

The Office of Elder Service's (OES) is required by federal law to develop a "State Plan on Aging" to receive federal funds under the Older American's Act of 1965, as amended. Maine's plan is for a four year period beginning October 1, 2008 and concluding on September 30, 2012. The plan was developed through internal OES planning, examining Area Plans from Area Agencies on Aging, hosting two public hearings, sending the plan to interested parties for review, and posting the plan online for comment. A valuable tool used to project the needs of Maine's older adults was the "Long Term Care Needs Assessment" developed in partnership with the Muskie School of Public Service, University of Southern Maine. This plan was built on the Area Plans developed by Maine's five Area Agencies on Aging.

Much has happened since Maine's last plan was written. The "Bureau of Elder and Adult Services" became the "Office of Elder Services", and the "Department of Human Services" (the organizational home of OES) merged with the Department of Behavioral and Developmental Services to become the "Department of Health and Human Services." Maine now has three Aging and Disability Resource Centers covering 13 of Maine's 16 counties. Maine also has been a leader in implementing evidence-based healthy aging programs and working with diverse public and private partners on civic engagement initiatives to connect older people to employment and volunteer opportunities. The use of nursing facility care has continued going down, though the use of residential care has increased. Baby Boomers have begun to retire.

Maine's population of older adults aged 60+ is increasing dramatically. Maine is the oldest state in the nation when measured by median age, and it's a population that has a higher rate of poverty than the U.S. and New England average, ranking as the 18<sup>th</sup> highest state in the nation for persons aged 65+ at or below the Federal Poverty Level (FPL). The 2000 Census reports that 54% of Mainers 65+ below the FPL also reported a disability, compared to 40% of the same age group reporting a disability if incomes were higher than the FPL. This leaves those most in need of assistance least able to pay for it.

Maine's population is also aging at a faster rate than most other states, because the percent of Maine's older adults is increasing, but also because the percent of Maine's younger persons is decreasing. The cresting older population wave will create greater demands for services. More people will need information services and resources. This trend will pose challenges as fewer younger persons will be available to fill a growing demand for service positions. Employers in all sectors will need to adapt to a changing workforce as those with experiential knowledge leave.

The next generation of older adults will have greater interest in healthy aging and active retirement. This interest, if supported, should delay an older adult's need for physical assistance or institutional care. Maine must redouble its long-time efforts to support older

people to remain in their homes for as long as possible through the provision of in-home care, home modifications, and caregiver assistance.

Maine's aging network is made up of the OES, Area Agencies on Aging, Long-term Care Ombudsman Program, Legal Services for the Elderly and community providers. The network is well-positioned to meet the needs of older adults. The OES is comprised of four units: 1) Community Services, which is supported primarily with Older Americans Act funds, manages a variety of programs from senior employment to home delivered meals; 2) Adult Protect Services, which accepts referrals, investigates allegations of abuse, neglect or exploitation for adults age 18+; 3) Long-term Care, which manages programs involving home and community-based services for older and disabled adults; and 4) Policy, Planning and Resource Development, which supports the work of OES, providers and advocates in planning for and responding to the needs of Maine's aging population. The Area Agencies on Aging offer a variety of services to Maine's older adults, supported largely through Older Americans Act funds. The Long-term Care Ombudsman Program serves as an advocate and mediator for consumers receiving long-term care through nursing homes and home and community based services. Legal Services for the Elderly provides free legal services to individuals age 60 and older statewide. Community providers are the backbone of service delivery, advocating on their behalf.

There are a variety of issues and trends affecting Maine's older adults. Perhaps the greatest trend in services has been the progress made toward reducing the use of nursing facilities. In 2001, Maine had 52 nursing facility beds per 1,000 people, ranking Maine 19<sup>th</sup> in the nation for the most beds per capita. By 2005 Maine ranked 36<sup>th</sup> with 39 beds per 1,000 people. Supporting people in their home, where they overwhelmingly want to remain, is the next step toward reducing the need for institutional care. The changing population will also present an employment challenge for the direct care workforce and for employers. There will be a greater role for family caregivers as Baby Boomers age, and this group must be supported. Aging and Disability Resource Centers will have a growing role in creating a single-point of contact for information and assistance to older adults and adults with disabilities. Energy costs may impede, and re-focus service delivery as people focus more on meeting basic needs like food and heat. Maine's new Blue Ribbon Commission to study home and community-based services will present one opportunity for effective planning.

OES' planned activities for the next four years reflect the Administration on Aging's vision, tailored to Maine's unique resources, needs, and population. OES adopted, to a large extent, the Administration on Aging's 2007-2012 strategic goals, because they spoke not only to national needs, but also to Maine's, and they were broad enough to permit Maine specific objectives and strategies. These activities are detailed on the following page. In addition to the following objectives, there are plans to continue long-term care reform, further assist with implementation of the Medicare Modernization Act, address transportation needs, and promote and ensure emergency preparedness plans.

## **Maine Office of Elder Services Goals and Objectives for 2008-2012**

***Goal 1 – Empower older people and their families to make informed decisions about, and be able to easily access, existing health and long-term care options.***

- Objective 1.1: Increase the amount of information and training available to family caregivers.
- Objective 1.2: Continue outreach and advocacy efforts to older adults for assistance with health insurance issues, prescription drug programs, and health care programs.
- Objective 1.3: Increase the reach and function of Aging and Disability Resource Centers.

***Goal 2 – Enable older adults to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.***

- Objective 2.1: Promote aging in place.
- Objective 2.2: Enhance consumer home environments to support aging in place.
- Objective 2.3: Promote and encourage use of Adult Day Services as an approach to reduce institutional care and to reduce caregiver stress.

***Goal 3 – Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and evidence-based disease and disability prevention programs.***

- Objective 3.1: Create opportunities for older adults to stay healthy and active in their communities.
- Objective 3.2: Foster community connections for older adults through employment and civic engagement.
- Objective 3.3: Enhance and expand evidence-based disease and disability prevention programs.
- Objective 3.4: Promote and ensure inclusion of Maine's diverse populations in the aging network and communities.

***Goal 4 – Protect the rights of older adults, and enhance the response to elder abuse.***

- Objective 4.1: Increase awareness of elder abuse, neglect and exploitation and the role of mandated reporters.
- Objective 4.2: Promote the rights of older and incapacitated adults.
- Objective 4.3: Increase availability of emergency services for people abused, neglected or exploited.

## Introduction

The federal Older Americans Act of 1965 requires all states to prepare a periodic “State Plan on Aging” in order to receive federal funds under the Act. The Maine Office of Elder Services (OES) developed this plan to detail and guide their work to meet the needs of older adults. OES’ goal is to assist elders and adults with disabilities to maintain their independence and to participate in the life of the community. Maine’s plan is for a four year period beginning October 1, 2008 and concluding on September 30, 2012. The plan reflects the collaborative efforts of the OES, public and private groups, service providers, employers, advocacy groups, volunteers, and others. The people of Maine have a long history of working together, and that cooperation is one of Maine’s greatest assets.

Since Maine’s last state plan was written, the State Unit on Aging was changed from the “Bureau of Elder and Adult Services” to the “Office of Elder Services.” The proposed merger between the Department of Human Services and the Department of Behavioral and Developmental Services is complete. OES was housed within “Department of Health and Human Services” (DHHS) in 2004, but the work associated with this merger is ongoing as the department finds more ways to improve services to Maine’s population through enhanced cooperation between offices. DHHS personnel are seeing their work as part of a larger structure rather than within silos. This creates a more positive consumer experience as access to services is simplified and services are better coordinated. The positive effects are being realized. New initiatives include examining information systems across the Department to determine the best methods to collect, share and use information in the most efficient, least duplicative manner possible.

The demographic information presented in this plan underscores the growing importance of the work the OES performs. While the goals, objectives, and strategies within this plan are intended to map our work and focus for the next four years, the plan is intended to be a working document. Development of this plan presented an opportunity to step back from our daily tasks and examine our direction to make certain we are aligned according to the needs of Maine’s older population. Given the rapidly changing world in which we live, where political, economic, and societal changes present new challenges, we expect the objectives and strategies to change with the times. The plan will be reviewed annually to determine if our work stays aligned with the needs of the people we serve.

This plan, in accordance with AoA requirements, builds on the Area Plans developed by Maine’s five area agencies on aging. While those plans reflect the needs specific to the regions they serve, this plan focuses on statewide issues. The public has had opportunities to comment on the plan through public hearings, e-mail and phone. The notice was published in multiple newspapers, interested parties were notified, and the draft plan was available for download from the OES website. Public comments were incorporated in the final plan. Additional public comment details can be found in Appendix A.

## Who are Maine's older adults now and in the future?

The Muskie School of Public Service, University of Southern Maine, under a Cooperative Agreement with OES, developed a “Long Term Care Needs Assessment” report in 2007 to define Maine’s older adult population as it exists today and project what the future of this population will look like. This information is being used for long term care policy and planning purposes. The report incorporated data from the U.S. census and consumer service use information within Maine state government. What makes the assessment particularly useful, beyond its baseline data, is the projection model developed in partnership with a national health and human services consultant, the Lewin Group. The model allows for need projections for 2010 and 2015 to predict what services will be needed where and when. The model is not fixed, meaning it can be adapted to incorporate new and/or unexpected changes as they develop. The information provided within the Needs Assessment was used to shape this plan, and it was the source for the charts and graphs that follow.

The U.S. Census Bureau estimates that in 2006, Maine had 193,000 people aged 65 and over. **Maine is the oldest state in the nation when measured by median age.** When measured by the percent of population aged 65+, Maine was the 7<sup>th</sup> oldest state in the nation in 2000, and projected to become the 2<sup>nd</sup> oldest state by 2020 just below Florida (see following chart).

**Percent of Population Age 65+ and State Rank Based on U.S. Census Bureau Projections for 2000 to 2030** (Sorted by rank in 2030)

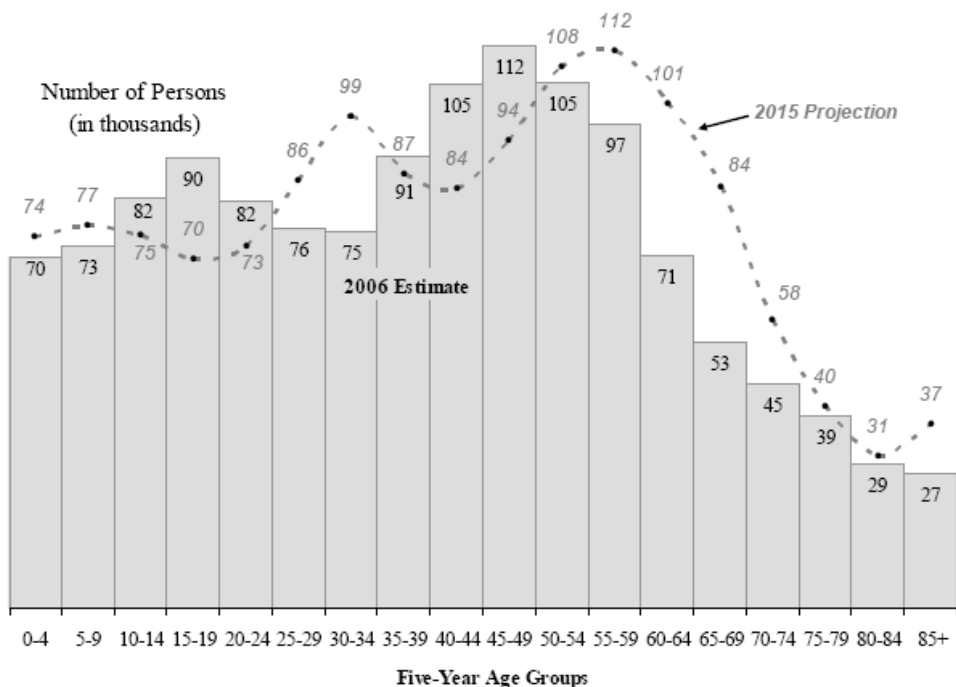
State	Census 2000		Census Bureau Projections							
			2005		2010		2015		2020	
Florida	18%	1	17%	1	18%	1	19%	1	22%	1
Maine	14%	7	15%	6	16%	3	18%	3	21%	2
Vermont	13%	26	13%	22	14%	11	17%	7	20%	8
Connecticut	14%	10	14%	11	14%	9	16%	14	17%	17
New Hampshire	12%	37	12%	35	13%	32	15%	28	17%	19
Rhode Island	15%	6	14%	8	14%	15	15%	19	17%	20
Massachusetts	14%	12	13%	19	14%	23	15%	23	17%	24
Utah	9%	50	9%	50	9%	50	10%	51	11%	51

Source: *Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030*, U.S. Census Bureau (released April 2005)

**Maine’s population is aging at a faster rate than most other states.** This is happening on two fronts: 1) the percent of Maine’s older adults is increasing over time, and 2) the percent of Maine’s younger persons is decreasing over time, as seen in the following five-year age group chart.



**Age Profile of Maine's Population by Five-Year Age Groups Based  
on Census Bureau Estimates for July 2006 and Projections for 2015**



The 60-69 age group represents the most significant increase in population, those persons facing retirement age. These persons are expected to have an interest in healthy, active aging. The 85+ age group is expected to increase by 10,000 people during this time frame, which suggests greater demands for long-term care services. What also stands out in this graph is the decrease in population for those aged 15-24 and 40-50. The decrease in these age groups may create difficulties in maintaining a workforce that is able to meet the needs of older adults.

**Maine's older adult population is not well positioned financially.** In 2005, 10.6% of Maine's population aged 65+ was at or below the Federal Poverty Level (FPL). Maine ranked as the 18<sup>th</sup> highest state in the nation with this statistic, where the U.S. average was 9.9%, and the New England average at 8.8%. Mainers within this population group and FPL were also more likely to have a disability. The 2000 Census reports that 54% of Mainers 65+ below the FPL also reported a disability, compared to 40% of the same age group reporting a disability if incomes were higher than the FPL. This leaves those most in need of assistance least able to pay for it, creating a greater need for publicly funded assistance.

## What is Maine's Aging Network?

Maine's Aging Network is comprised of four major components: The Office of Elder Services, five Area Agencies on Aging, the Long Term Care Ombudsman Program, Legal Services for the Elderly, and community providers.

**The Office of Elder Services (OES)** is housed within the Department of Health and Human Services (DHHS). The OES receives federal and state funds to support programs and services to older and incapacitated adults. Appendix B is a view of the OES organizational structure, and Appendix C shows where the OES fits within the DHHS. OES works closely with providers, government agencies, elected officials, advocacy groups, and older adults.

There are four units within OES:

- **Community Services** manages programs that involve congregate and home delivered meals, outreach, information and assistance, family caregiver assistance, transportation, senior employment, public education, independent support services, adult day services, independent housing with services, evidence based programs for healthy aging, Senior Medicare Patrol, Aging and Disability Resource Center, federal demonstration grants for Alzheimer's services, legal services and SHIP (State Health Insurance Assistance Program). The unit is supported primarily with Older Americans Act funds, and served over 41,000 people in FY07 through the five Area Agencies on Aging, service providers and Legal Services for the Elderly, Inc.
- **Adult Protective Services** accepts referrals, investigates allegations of abuse, neglect or exploitation of adults age 18+. The program's purpose is to accept referrals, assess the adult and reported dangers and to provide and arrange for services to protect dependent or incapacitated adults who are unable to protect themselves from abuse, neglect or exploitation. The program petitions Probate Court to become public guardian or conservator for incapacitated adults when no private person is available, willing or suitable to assume responsibility; manages assets of public wards and protected persons; and provides training on mandatory reporting and recognizing and reporting abuse, neglect or exploitation to health care, law enforcement and social service agencies. The program received over 3,500 protective referrals in FY 07, and was the active public guardian and/or conservator for over 900 adults. It is administered by the OES with staff persons in 12 district offices throughout the state.
- **Long-term Care** manages programs involving home and community-based services for older and disabled adults in order to avoid or delay nursing home placement. The programs include services related to home based care, Medicaid waiver for elders and adults with disabilities, nursing facility care, residential care facilities, assisted living facilities, home health services and adult family care homes. The unit manages pre-admission functional assessment of applicants for

nursing facility care and those seeking home and community-based services through a contract with a single statewide assessing services agency. The unit also manages case management and a provider network for home and community-based services through a contract with one of the Area Agencies on Aging. .

- **Policy, Planning and Resource Development** supports the work of the OES, providers, and advocates in planning for and responding to the needs of Maine's aging population. The unit assesses the needs of older and incapacitated adults, and those with long-term care needs. It identifies and develops resources to meet those needs. The unit collects and maintains the OES data and statistics for dissemination to policy makers, government agencies, service providers, advocates, and the public. The unit develops and implements the State Plan on Aging and provides staff support to study committees established by the Legislature and internal DHHS committees as needed.
- **Community Providers** are the backbone of services to Maine's aging population. They provide services that range from adult day services, long-term care services, and transportation services. Beyond providing services, Maine's provider community is actively engaged in advocacy efforts.

**Area Agencies on Aging** in Maine offer a variety of services to Maine's older adults, including, but not limited to: congregate and home delivered meals, information and assistance, health insurance counseling, Medicare education regarding fraud, errors and abuse, Alzheimer's respite, employment training, and adult day services. Maine has five AAAs: Aroostook Agency on Aging, Eastern Area Agency on Aging, SeniorsPlus, Spectrum Generations, and Southern Maine Agency on Aging. The agencies serve all regions of the state (see Appendix D for a map of their service areas). Three of these agencies have become Aging and Disability Resource Centers.

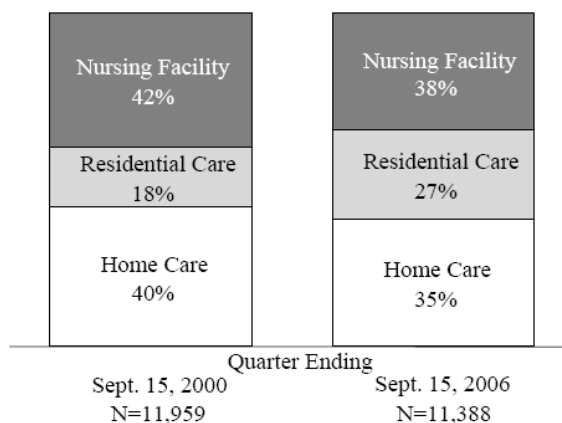
**Long-term Care Ombudsman Program** is a private non-profit agency designated by the State to serve as an advocate and mediator for consumers receiving long-term care through nursing homes and home and community based services. The program receives and investigates complaints from individuals and agencies regarding issues that affect the care, health safety or rights of recipients of long term care. The Ombudsman Program is mandated by federal law and is further defined by Maine state enabling legislation (22 MRSA §5106 and 5107-A), which requires the Office of Elder Services to assure that Maine has an Office of the Ombudsman.

**Legal Services for the Elderly** is a private non-profit agency designated by the State and mandated and funded under the Older Americans Act to provide free legal services to individuals age 60 and older statewide. The agency receives state funding as well as other funding from other organization and private individuals to support its activities.

## What are the issues and trends? What are the challenges and opportunities?

Perhaps the greatest Maine trend in services to older adults has been the progress made toward reducing the use of nursing facilities. In 2001, Maine had 52 nursing facility beds per 1,000 people, ranking Maine 19<sup>th</sup> in the nation for the most beds per capita. In 2005, that number decreased to 39 beds per 1,000 people, ranking Maine 36<sup>th</sup> in the nation for most beds per capita. In 2000, 42% of MaineCare or state funded LTC consumers were in nursing facilities, compared to 38% in 2006. This has, however, come with an increase in the use of residential care beds, as seen in the following graph:

**Percent of Persons Receiving MaineCare Funded Nursing Facility Care  
Residential Care (Case-Mix Facilities Only)  
or MaineCare and State funded Home Care Services SFY 2007**



Source: MDS and MDS-RCA Assessment data as of September 15, 2000 and 2006 where MaineCare is identified payer source.  
MED Assessment - most recent completed in SFY 2000 and 2007.

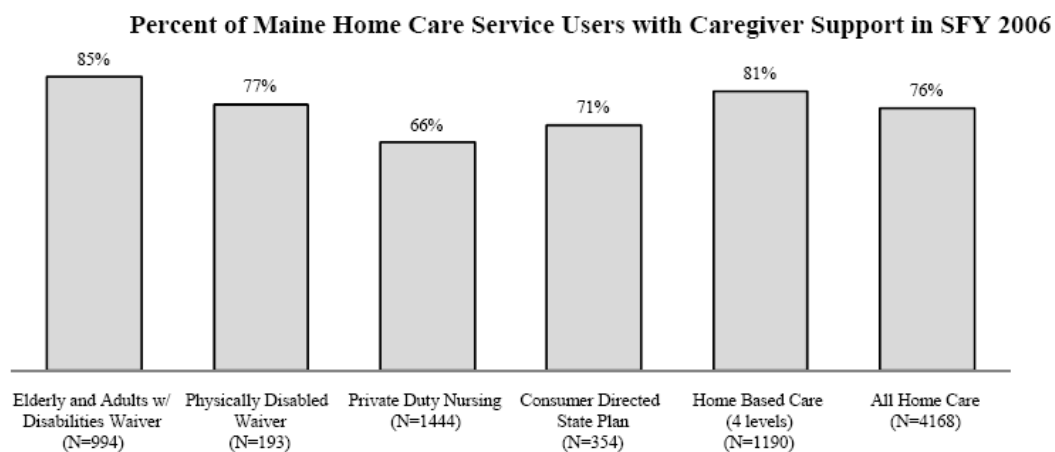
The increase in residential care use following a decrease in nursing facility use may not come as a surprise, but during the same 2000-2006 time period, the use of home care decreased by 5%. **Supporting people in their home, where they overwhelmingly want to remain, will help reduce the need for institutional care in any form.** This supports their choice, their independence, and the finances of the both the consumer and the public. Accordingly, the objectives and strategies built into this plan are a reflection of OES' intent to support people in their homes. The strategies are not limited to the provision of physical assistance for activities of daily living, however. **Prevention remains the easiest, least costly method to reduce reliance on care.** Safety and prevention are proven methods to reduce the chance of experiencing the effects of a disease, a disability or injury.

**The changing population, with more older adults projected and fewer younger persons, will present an employment challenge for the direct care workforce.** This field of work has already experienced difficulties in attracting and retaining employees,

particularly for publicly funded services. Home care providers that serve individuals receiving MaineCare (Medicaid) often have a difficult time competing with the pay given to those serving individuals who pay privately. The rise in fuel costs compounds the problem as workers must drive from residence to residence, often at their own expense. Maine is a very rural state, and many who need assistance are geographically isolated. This adds importance to the need to reach these persons, but also creates a challenge as economies of scale are broken down.

**The growing role of the Aging Network in serving persons with disabilities through the development of Aging and Disability Resource Centers is a direction the OES expects to continue.** This development helps create a single-point of contact for information and assistance to older adults and adults with disabilities on a wide range of resources regardless of income. There is value here as consumers can more easily identify the source for information on a whole host of services. The personnel serving these consumers also gain the benefit of expanded training on consumer services they may have not previously been exposed to. This knowledge gives the worker a wider view of the services available to assist consumers. Because OES expects the move toward ADRCs to continue, objectives and strategies have been planned that seek to solidify and expand the role of ADRCs in Maine.

**There will be a greater role for family caregivers as Baby Boomers age.** Family members will increasingly need to step forward, in the face of a challenged direct care workforce, to provide assistance for loved ones. Maine's Aging Network has already recognized the importance of the family caregiver role in caring for older adults, but caregiver support must be maintained and expanded. Part of this expansion includes encouraging others to support caregivers as well. Employers in particular must be educated on the importance of supporting employees that are stretched between work and care giving demands. Following is a chart that underscores the important, active role Maine caregivers play in helping keep their loved ones in their homes as long as possible.



Source: Most recent MED Assessment completed during SFY 2006

A state funded demonstration project may be continued that provides demonstration funds to support caregivers by providing limited financial assistance to address self-

identified needs such as the purchase of chair lifts, medical equipment, and heating assistance.

Caregivers do more than just provide help like physical assistance and meal preparation, however. They help make decisions. They look for resources. They need information. Caregiver support must focus on meeting all their needs.

**The Baby Boomers' exodus from the workforce will present economic challenges, but the extent to which this will happen remains unknown.** There are indications that many will remain in the workforce as a way to stay active and engaged, but also as a way to maintain income levels as life expectancy rates continue to climb. Some may retire completely, some may work part-time, and others may stay fully employed.

Employers must prepare for these changes if they wish to keep a qualified workforce, but there are other advantages to employing older adults. Working longer helps financial security. It keeps people active and engaged. OES' role in the National Governor's Association Civic Engagement initiative has created an opportunity for OES to partner with other public and private agencies to address this issue.

**Economic conditions could change the focus of the Aging Network dramatically as people focus on meeting basic needs like food and heat.** Maine has long winters and old homes, 80% of which rely on heating oil to get through the winter months. Energy costs have risen exponentially. Food costs have risen greatly. This is a hardship for all Maine citizens, but particularly for those on fixed incomes – Maine's older adults. Government's ability to meet their needs becomes compromised as operating costs increase for everyone. Service providers also become squeezed. Meals on Wheels programs suffer. Public transportation costs increase. Fewer volunteers are willing to drive their cars.

**The aging population will require greater protection efforts.** Whether it is fraud, abuse or neglect, older adults are often the target of crimes. The larger the older population gets, the more prevalent the crimes. Whether it's the older adult, the caregiver, law enforcement, or the judiciary, there must be a focus on education, advocacy and enforcement.

**The Maine Legislature has created a Blue Ribbon Commission to study home and community-based services.** It is comprised of several legislators, a representative of the Governor's Office, a consumer, and three experts (one of whom is the Director of the Office of Elder Services). This is a tremendous opportunity to increase understanding by lawmakers about the desirability and cost-effectiveness of home and community based services

## How will Maine's Aging Network meet the needs of older adults?

**Goal 1 – Empower older people and their families to make informed decisions about, and be able to easily access, existing health and long-term care options.**

- **Objective 1.1: Increase the amount of information and training available to family caregivers.** Providing caregivers with information is a critical part of the decision making process for many instances in long-term care planning. Access to this information helps ensure informed decision making and reduction in caregiver stress.

**Strategies:**

1. Ensure that Independent Support Services staff; Home and Community Based care program staff; and health, long-term care facilities, social service providers are knowledgeable about the Family Caregiver Program, Alzheimer's respite, other resources, and the importance of making consumer referrals to programs and support groups that offer assistance.
  2. Increase Family Caregiver Coordinator education about new technologies that assist older people to reside in their own homes longer so this information can be shared with individuals referred for assistance.
  3. Continue the "Best Friends Training" program despite funding challenges through grants and other opportunities. Determine if trainings should be made available to support group leaders, embedded in other programs, etc.
  4. Consistent with the intent of the Family Caregiver Program, work with providers and the public to ensure the definition of "family caregiver" includes grandparents caring for grandchildren, and create awareness of the challenges this populations faces while working to ensure the needs of these persons are being met in the best ways possible.
  5. Collaborate with interested organizations to develop and deliver caregiver training sessions.
  6. Continue and expand Healthy Ideas program for caregivers of individuals with dementia to improve their quality of life by reducing depressive symptoms.
- **Objective 1.2: Continue outreach and advocacy efforts to older adults for assistance with health insurance issues, prescription drug programs, health care programs, and mental health assistance.** Continuation of such efforts assures people facing these decisions for the first time have the information needed to make sound choices and those who have issues or concerns know where to turn for help.

***Strategies:***

1. Work with the five area agencies on aging and Legal Services for the Elderly to increase the number of eligible people who enroll in the Medicare Savings Program and receive those benefits, as well as deemed eligibility status for Medicare Part D Low-Income Subsidy (LIS) assistance.
  2. Educate more people about Medicare benefits, and empower them to identify and report health care errors, fraud, and abuse through programs like the SMP (Senior Medicare Patrol).
  3. Work with the Maine Center on Aging and others to assist in their efforts to educate the public on the dangers of improper prescription drug disposal and to implement a system for better, more ecologically sound methods.
  4. The SHIP (State Health Insurance Assistance Program) will continue to provide information, assistance and counseling to people with Medicare, their family members and others in the community through the SHIP network and will strengthen relationships with Maine Medicare Workgroup members and other community agencies by developing Memoranda of Understanding to clearly define roles.
  5. Provide staff support to the Joint Advisory Committee on Select Services for Older Adults, and assist the group to clarify its mission and have meaningful impact.
  6. Work with Mental Health Services over 2009 to develop an RFP for the provision of geriatric mental health services.
  7. Designate an OES staff person to work with Adult Mental Health to identify additional methods for addressing the mental health needs of older adults.
- ***Objective 1.3: Increase the reach and function of Aging and Disability Resource Centers (ADRCs).*** A single entry point for information and assistance for older adults and adults living with physical disabilities, cognitive impairments, mental illnesses and substance abuse disorders creates a less cumbersome, easier-to-navigate source for information and resources.

***Strategies:***

1. Continuously work toward becoming fully functioning ADRCs based on AoA criteria.
2. Seek funding to develop new ADRCs for Aroostook, Cumberland and York Counties.
3. Sustain existing ADRCs by securing additional funding through grant opportunities.
4. Continue expanding and enhancing the ADRC partner network by including additional providers and partners in the databases used to refer clients to services.



5. More effectively transfer consumer information between ADRCs and Maine's Office of Integrated Access and Support (OIAS) to reduce layers and redundancy in connecting people with services.
6. Enhance the consumer experience through the transfer of information between the statewide assessing agency and ADRCs by developing a mechanism that includes a release of confidential release of information.
7. Promote sensitivity training and approaches for ADRC personnel in dealing with people who have mental health conditions.

### **Goal 1 – Outcomes / Performance Measures**

<b>Objective</b>	<b>Outcome / Performance Measure</b>	<b>Target Date</b>
1.1	2,800 will receive information, assistance and education through the Family Caregiver Program.	Annually
	Best Friends training will be delivered to 250 individuals.	July 2010
1.2	200 education and outreach events will be provided to Medicare beneficiaries/consumers through SMP.	2009-2012
	3,000 will be determined eligible for the Medicare Savings Program/Part D Low-Income Subsidy.	Annually
	Six MOUs will be in place between the SHIP and partners like the Bureau of Insurance, Social Security Administration, Maine Primary Care Association, and others.	2010
1.3	Establish baseline ADRC assistance figures.	2009
	ADRC assistance to consumers will increase by 3%.	2009
	92% of people will report "very satisfied" or "satisfied" ADRC surveys.	Annually

### ***Goal 2 – Enable older adults to remain safely in their own homes ensuring a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.***

- ***Objective 2.1: Promote aging in place.*** Older adults wish to live in their own homes for as long as possible, a wish that saves the consumer and the public money.

#### ***Strategies:***

1. Increase participation in evidence based programs developed for in-home use by providing opportunities for homebound older adults to participate in these, including promoting the online Living Well program and piloting one of the programs to be used in-home.
2. Foster better cooperation and coordination between hospital discharge planners and ADRC/AAA staff to make certain those that can use home and community based services are connected with services upon discharge.

3. Collaborate with hospital emergency departments through linkages with AAAs to increase the cooperation and coordination of services to older adults who are not admitted.
  4. Use Maine's Long-term Care Needs Assessment and projection model in planning and policy to arrive at the appropriate balance of long-term care services that will meet the population's needs now and in the future.
  5. Participate in the development of eligibility criteria for residential care facilities to determine if placement is appropriate and funds are being used as effectively as possible. Establish a stakeholder group to accomplish this and ensure that consumers will have access to support services should they not qualify under new criteria.
  6. Identify sustainable methods of financing for affordable assisted living, adult family care homes, Independent Housing with Service Program (IHSP), and/or other models.
  7. Collaborate with public and private stakeholders to inform decision makers about compensation and retention issues for direct care workers so that older adults have access to consistent, quality in-home help.
  8. Explore ways to make nutrition programs more cost-effective, and assist in other means of financial support such as March for Meals.
- ***Objective 2.2: Enhance consumer home environments to support aging in place.***  
The physical environment within one's home should not be a barrier to aging in place. Enhancing home environment to support those wishing to live in their homes represents a cost-effective approach to long-term care services.

***Strategies:***

1. Encourage use of a home safety assessment by AAAs, direct care providers, and others to identify safety threats.
2. Increase knowledge and use of consumer directed services.
3. Assess the success of the LD 519 demonstration project, *An Act to Provide Assistance to Family Members, Friends and Neighbors Who Provide Home Health Care for Senior Citizens*, which allotted state funds for use to support caregivers including home modification, assistive technology, personal care, and others. Report to the Commissioner on the findings and make recommendations for the project should it continue.
4. Educate and identify potential resource for older adults and their families around the advances in technology which can support older adults in their homes.
5. Work with other Department of Health and Human Services offices, AAAs, Community Action Programs, Maine State Housing, and others to address challenges resulting from rising energy costs.

- **Objective 2.3: Promote and encourage use of Adult Day Services (ADS) as an approach to reduce institutional care and to reduce caregiver stress.** Adult Day Services assists older adults age in their homes, experience community inclusion, gain access to services, and provides respite to caregivers.

**Strategies:**

1. Improve distribution of state funded ADS services for older adults that do not meet eligibility requirements for other funding sources, while better monitoring and analyzing consumer use of funds to permit the best use of limited funds.
2. Build a state web page specific to Adult Day Services for consumers and providers to find licensed adult day providers, programs that offer funding assistance, links for additional information, etc.
3. Provide training about policies, procedures, and approaches for addressing needs of people receiving services to ADS staff and facilities through a partnership with the Maine Adult Day Services Association (MADSA).

**Goal 2 Outcomes / Performance Measures**

Objective	Outcome / Performance Measure	Target Date
2.1	Establish baseline participation figures for evidence based programs.	2009
	Increase participation in evidence based programs developed for in-home use by 3%.	Annually beginning 2010
	Maintain the number of individuals utilizing home and community based services.	Annually
	Maintain the number of persons receiving home delivered meals.	Annually
2.2	Adopt a home safety assessment process for use by AAA staff, service providers, caregivers, and older adults.	2010
2.3	More service providers will access Section 61 ADS funds to assist consumers.	December 2009
	At least one training session will be provided to ADS providers through MADSA and other groups.	Annually

**Goal 3 – Empower older people to stay active, healthy and connected to their communities through employment, civic engagement, and Evidence-Based Disease and Disability Prevention programs.**

- **Objective 3.1: Create opportunities for older adults to stay healthy and active in their communities.** OES seeks to expand awareness of, and opportunities for, older adults to maintain quality of life through the aging process through access to healthy aging initiatives and community inclusion.

**Strategies:**

1. Work with other Department of Health and Human Services offices, state departments, AAAs, Community Action Programs, transportation providers, and others to address challenges in transportation resulting from high energy costs.
  2. Work with the Maine Community Foundation and the Maine Development Foundation to establish an older adult leadership training program that will train older adults on community leadership issues and directly involve them in municipalities to assist in the planning for an aging population.
  3. Engage older adults through involvement a Blaine House Conference on Aging (Maine's version of the White House Conference on Aging), through regional forums in different parts of the state, and by including a civic engagement breakout session in the conference.
- ***Objective 3.2: Foster community connections for older adults through employment and civic engagement.*** Projections on the needs for aging populations to stay gainfully employed as a benefit both to older adults and employers necessitates the need to foster environments that are conducive to an aging workforce. Staying or becoming engaged in one's community also promotes benefits for both the older adult and the community.

***Strategies:***

1. Continue progress made under National Governors' Association (NGA) Policy Academy to develop and expand state strategies on the civic engagement of seniors.
  2. Work with the Maine Department of Labor (DOL) to assemble information that will assist elder worker planning and policy development, such as establishing benchmarks to measure success in retaining older workers, assessing demographic information to determine need, etc.
  3. Partner with the DOL to develop and promote an "EngageME" conference that will focus on employers, older workers, and minority populations on issues surrounding employment.
  4. Expand relationships with Senior Community Service Employment Program, the Work Force Investment Boards, and other state and private organizations to promote the value of older workers.
- ***Objective 3.3: Enhance and expand evidence-based disease and disability prevention programs.*** Evidence-based disease and disability prevention programs are an effective, low-cost approach to reduction in disease, disability, and injuries in older adults.

***Strategies:***

1. Increase the reach of Living Well chronic disease self-management and other evidence-based programs through expansion of the community based and practice based models.
  2. Develop public/private partnerships to create long-term sustainable systems for evidence-based programs.
  3. Work with insurance companies, employers, and retiree associations to promote understanding of the importance of evidence-based programs and offer them as a service.
  4. Examine the feasibility of including Living Well as a benefit under the MaineCare (Medicaid) program.
- ***Objective 3.4: Promote and ensure inclusion of Maine's diverse populations in the aging network and communities.***

***Strategies:***

1. Ensure access to interpreter and translation services and aging related literature in different languages as needed.
2. Promote opportunities for employment of older adults within minority populations.
3. Explore existing outreach efforts to various racial, ethnic, and cultural communities, and find opportunities to collaborate.

**Goal 3 Outcomes / Performance Measures**

<b>Objective</b>	<b>Outcome / Performance Measure</b>	<b>Target Date</b>
3.1	Realize the completion of a senior leadership program through partnership with Maine Community Foundation and Maine Development Foundation.	2011
	Host a Blaine House Conference on Aging.	Biennially
3.2	Establish benchmarks for elder workers	2009
	97 people will utilize Senior Community Service Employment Program and 21 people will find gainful employment after accessing service.	Annually
3.3	Three thousand older adults will have participated in evidence based programs through the Healthy Choices for ME program.	May, 2011
	400 additional leaders and Master Trainers will have been trained in evidence based program delivery.	May, 2011
	Three private partners will contribute to sustainability of evidence based programs.	May, 2011
3.4	Complete at least one collaborative initiative.	Annually

## **Goal 4 – *Protect the rights of older adults, and enhance the response to elder abuse.***

1. ***Objective 4.1: Increase awareness of elder abuse, neglect and exploitation and the role of mandated reporters.*** Approximately 5% of older adults in Maine are victims of abuse, neglect, and exploitation. Older adults are often the targets of abuse, fraud, neglect, and exploitation. Protecting this population is a high priority.

### ***Strategies:***

1. Hold mandated reporters who do not fulfill reporting requirements accountable.
2. Develop a Memorandum of Agreement between Adult Protective Services (APS) and Licensing and Regulatory Services on reporting abuse, neglect or exploitation in licensed facilities.
3. Provide mandatory reporter training to facility staff and state employees.
4. Maintain partnership with the Maine Attorney General's Office in conducting training and educational opportunities on elder abuse, and assist with investigations of financial exploitation and abuse.
5. Support the efforts of the Maine Association of TRIADS (a partnership of police, AARP, senior leaders, and interested agencies) and Elder Abuse Task Forces across the state to deliver information and training for older persons and community leaders to recognize and prevent abuse, neglect and exploitation.
6. Partner with Maine Domestic Violence Coalition, Maine Sexual Assault Coalition, state and private groups to develop services and resources that support individuals who experience abuse in later life.
7. Enhance data collection and reporting capability from Maine Adult Protective Services Information System (MAPSIS).
8. Maintain elder abuse hotline (1-800-624-8404).
9. Examine the systems of protecting persons from abuse, neglect and exploitation for ways to improve protection through changes of statutes, rules and law enforcement training.

2. ***Objective 4.2: Promote the rights of older and incapacitated adults.***

### ***Strategies:***

1. Educate probate court, attorneys and APS workers on alternatives to guardianship and conservatorship.
2. Maximize the independence of incapacitated individuals by promoting alternatives to guardianship and conservatorship.

3. Provide funding and monitor service contract with the Long Term Care Ombudsman Program.
  4. Provide funding and monitor service contract with Legal Services for the Elderly to provide free legal services for Mainers sixty years or older on such issues as consumer protection, public benefits, health insurance counseling, housing, financial exploitation, abuse, neglect and age discrimination.
3. ***Objective 4.3: Increase availability of emergency services for people abused, neglected or exploited.***

***Strategies:***

1. Better identify unmet needs of adults being served by APS.
2. Work within existing structures to make funds available for services to meet specialized temporary needs including emergency housing.

**Goal 4 Outcomes / Performance Measures**

<b>Objective</b>	<b>Outcome / Performance Measure</b>	<b>Target Date</b>
4.1	Deliver 6 trainings across Maine on elder abuse.	Annually
4.2	Develop educational resources on the role of a guardian / conservator and alternatives to guardianship/conservatorship for use by probate courts, private and public entities.	Sept. 2010
	Train Department staff persons on alternatives to guardianship.	Sept. 2010
	Develop online guardianship and conservatorship training curriculum.	Sept. 2010
	Develop outreach campaign to educate court visitors, probate judges, health and social service professionals, consumers, and families on when least restrictive alternatives to guardianship and conservatorship are appropriate.	Sept. 2010
4.3	Access to emergency services for APS clients in place.	2010
4.1 - 4.3	MAPSIS changes completed and implemented.	2011

## **Continuing Long-Term Care Reform**

OES plays an active role in the implementation efforts related to rebalancing long-term care. Beyond the long-term care objectives outlined within this plan, Maine's 2008-2009 State Health Plan incorporates objectives to address this subject. These objectives include:

- Establishing and implementing functional eligibility criteria for Private Non-Medical Institutions for people needing any level of care.
- Identifying and implementing strategies to strengthen home care and affordable, homelike living options for Maine's older adults to make sure options are available that promote choice and independence.
- Extending the reach of evidence-based programs throughout the state by developing more sites in a variety of settings to offer the following programs: A Matter of Balance, Chronic Disease Self-Management, Enhanced Wellness, Enhanced Fitness and Healthy Ideas.

As mentioned under Issues and Trends, Maine has made progress in reducing reliance on, and use of nursing facilities, but this has come with an increase in the use of residential care. We must redouble our efforts to support older adults to remain in their in homes.

## **Medicare Modernization Act**

Through the implementation of the Medicare Modernization Act, the SHIP (State Health Insurance Assistance Program) network, administered by the State Unit on Aging (SUA), assists to coordinate the efforts of other state offices, including the development of an appeals unit to assist low-income consumers with the Medicare Part D appeal process. The SUA provides counseling on consumer benefits, helps enrollment in Part D plans, and application assistance for the low-income subsidy assistance. The SHIP also educates consumers on Medicare Advantage and other Medicare health care plan options, and helps them understand and access their preventive benefits.

## **Transportation**

Maine is a rural state, and transportation issues are consistently mentioned as a factor that inhibits consumer access to services. Couple this with the fact that most of Maine's low-income older adults reside in the most rural counties, and the problem of reaching consumers that need services is even greater. Couple this further with the dramatic rise in transportation costs, and what was an inhibiting factor quickly becomes a roadblock.

State leaders, government agencies, service providers, and individuals have long grappled with this problem, and there is no reason to expect a solution in the near future. Area Agencies on Aging have done their best to combat the problem through the use of volunteer drivers and partnerships with Community Action Programs, but as costs rise further, the challenge grows greater.



The rising cost of energy is also a serious issue for Maine's Older Adults. Maine is the most reliant state on home heating oil with an old housing stock. The Governor has formed a task force to develop strategies to address the issue. This problem is particularly problematic for older adults on fixed incomes. The OES will give the issue attention at the Blaine House Conference on Aging, and look for ways to assist older adults remain safe and warm during winter months.

## **Emergency Preparedness Plans**

OES is actively engaged in preparedness planning for the population it serves. Our most notable accomplishment was our partnership with the Maine Center for Public Health, the Maine Center for Disease Control and Prevention, the Maine Emergency Agency, and the Harvard School of Public Health Center for Public Health Preparedness to develop an online course addressing emergency preparedness planning for older adults. While the course was designed for government officials, service providers, older adults, caregivers, and emergency personnel, any person can access and complete this course in the comfort of their home. It addresses the knowledge necessary to plan and prepare for emergencies and disasters. The course can be accessed at this site:  
[www.maine.gov/dhhs/beas/working\\_for\\_future.shtml](http://www.maine.gov/dhhs/beas/working_for_future.shtml).

The Director of the OES is involved in the State's Emergency Preparedness and Response Plan through her participation on the Integrated Management Team of the Department of Health and Human Services. She has delegated lead responsibility for work within the Department to the Director of Adult Protective Services and for coordination with the Administration on Aging and Area Agencies on Aging to the Director of Community Services.

The OES also has a staff person that sits on Maine's Disaster Behavioral Health Response Team, which is mobilized when disasters strike. Participants are trained on the psychological, psychosocial, and psycho-spiritual impacts on individuals and communities, and the role of behavioral health and spiritual care personnel in disaster planning, response, and recovery. This person is well-positioned to assist with the needs of older adults when disaster strikes.

The Office of Elder Services assisted the Department develop a comprehensive pandemic flu plan in 2007 entitled "Continuity of Operations Plan for Pandemic Influenza." The intended audience for the plan is DHHS staff, contractors, clients, agencies and local and county pandemic planning groups. The plan's purpose is to:

1. identify the critical functions that the Department must continue to support during a flu pandemic and resulting loss of staff capacity;
2. detail plans for continuing those operations;
3. describe how communications and decision-making will occur during a pandemic, and;
4. outline plans for post-pandemic period and the restoration of DHHS operations that may have been suspended during the pandemic.

The pandemic influenza plan details the work flow for OES and others should staffing levels decline, and it details responsibility sharing to help ensure services continue when they are most needed.

The Older Americans Act Amendments of 2006 also requires state and local Area Agencies on Aging to develop long-range emergency preparedness plans. Area Agencies on Aging are now required, through their contracts, to develop such plans.

### **Intrastate Funding Formula**

There have been no changes to Maine's Intrastate Funding Formula (IFF) since Maine's last State Plan on Aging. Details of the IFF are found in Appendix E.

### **State Plan Assurances**

The Older Americans Act as amended in 2006 stipulates that all State Plans must address specific assurances and informational requirements. Assurances can be found in Appendix F.

## **APPENDIX A – PUBLIC COMMENT SUMMARY**

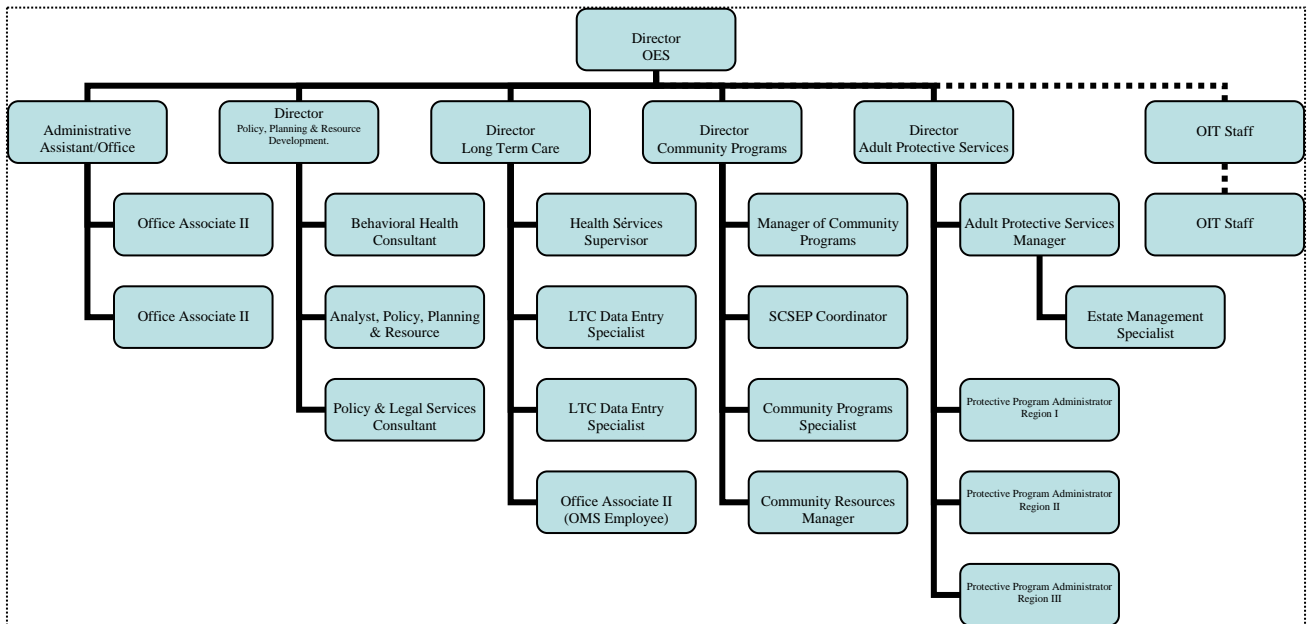
Public hearings were held at two different locations in the state, one at an Area Agency on Aging in Eastern Maine on July 21, and another at a state office building in Central Maine on July 22. These locations were chosen, because they allowed for easy commutes from virtually all regions of the state. For those unable to attend, comments could be submitted by e-mail, phone or mail. The plan was placed on the OES website for download, and a notice of the plan and public hearing locations was placed in Maine's major newspapers. A local news station also attended a public hearing and provided television coverage of the plan's development.

Comments were given at each public hearing by AAA staff persons. Public Health has a "Rural Health Plan" and it was suggested that there may be opportunities to collaborate and create greater efficiencies if both plans move in the same direction on certain issues. There were questions as to whether Maine government could do more to increase the reimbursement to adult day services. A request was also made for assistance in helping AAAs secure additional funding for the Meals on Wheels program, whether that be marketing March for Meals fundraising initiatives, or other ideas.

Comments were also submitted by e-mail from the Direct Care Alliance, Alzheimer's Association of Maine, and the Joint Advisory Committee on Select Services for Older Adults (JAC). The Direct Care Alliance requested that additional attention be given to the paid direct care and personal assistance workforce, and the workforce gap that limits services to older, homebound adults. The Alzheimer's Association of Maine spoke favorably of the plan's attention to training and supporting family caregivers and a commitment to offer Best Friends training. The Association's comments were critical of waitlists for home-based care and homemaker services, questioning how older adults can remain in their homes if these services are not readily available, particularly if eligibility requirements are established for Private Non-Medical Institutions. Comments were also made about use of the Long-term care Needs Assessment when state-funded programs have not yet been factored into the projection model. The JAC comments highlighted a lack of attention given to geriatric mental health, and suggested the OES explore developing a locus of care for the mental health needs of Maine's older adults.

Public comments, to the extent possible and feasible, were addressed in the final version of Maine's State Plan on Aging.

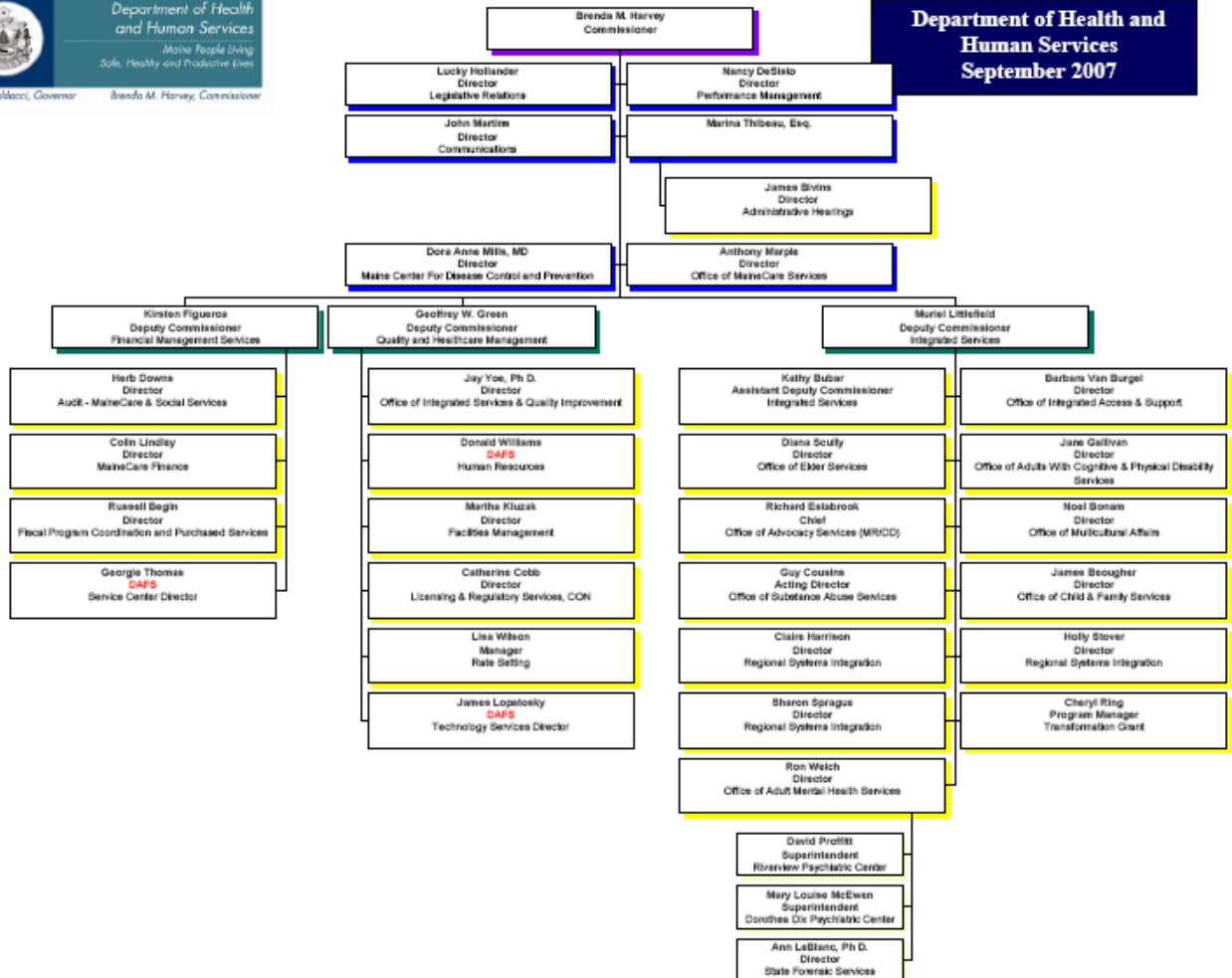
**APPENDIX B – OES ORGANIZATIONAL CHART**  
**OFFICE OF ELDER SERVICES**  
**MAINE STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES**



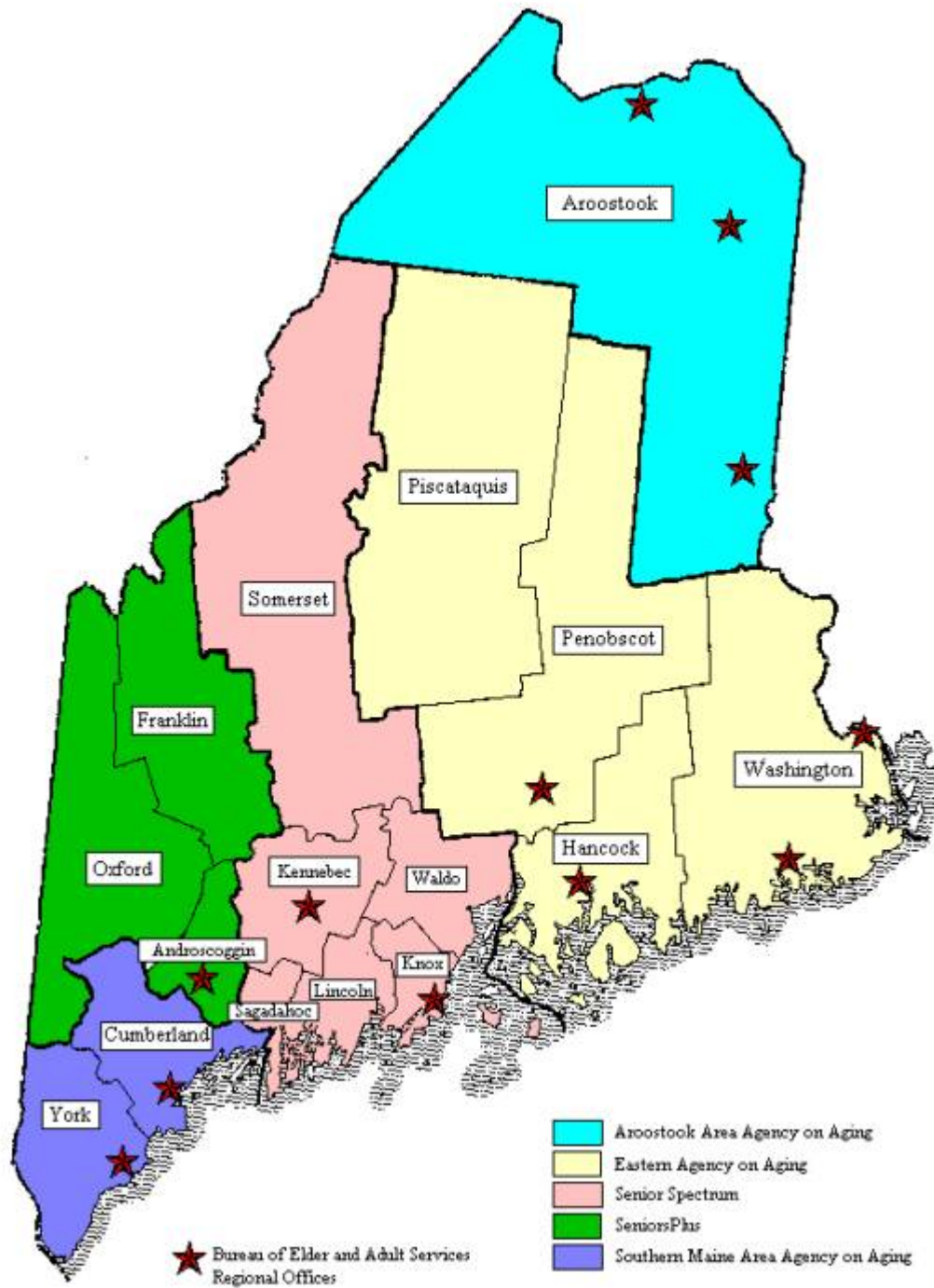
## APPENDIX C – DHHS ORGANIZATIONAL CHART



**Department of Health and Human Services  
September 2007**



## APPENDIX D – AAA SERVICE AREAS



## APPENDIX E - IFF

### Maine Intrastate Funding Formula

The Maine Office of Elder Services intrastate funding formula (IFF) meets all of the requirements stipulated in Sections 305(a) (2) (C) (i), 305(a) (2) (c) (ii) and 305(d) of the Older Americans Act. The factors and weights in the formula are based upon the 2000 Census, Special Tabulation on Aging.

The IFF is the result of a twelve month process that began in November 2004, which involved extensive consultation between the Maine Office of Elder Services and the area agencies on aging (AAAs), Maine Office of Elder Services Advisory Committee, state legislators and other interested individuals. A member of the Maine Association of AAA Directors represented the AAAs and worked closely with its membership in the development of recommendations and comments to the Maine Office of Elder Services. The Maine Association of AAA Directors and AAAs recommended specific factors and urged to the Maine Office of Elder Services to make every effort to minimize financial hardship to any AAA as a result of a new formula.

In addition, The Maine Office of Elder Services convened meetings with interested state legislators; consulted with the AAAs, advisory groups; and posted the draft allocation model and formula on the Maine Office of Elder Services web site for review and comment by the general public. The Maine Office of Elder Services held a public hearing on November 21, 2005.

In developing the formula, the Maine Office of Elder Services' goal was to create a model to optimize the allocation of state and federal funding to the area agencies while minimizing any adverse impact due to dramatic shifts in the demographic data impacting on the formula factors. As part of the process the Maine Office of Elder Services reviewed: the comments and recommendations of the area agencies and the public; federal and state statutes and regulations regarding allocations of funds; available data and literature to understand the impact of various subsets of the elderly population on the resources of the area agencies. Based on the process above, an IFF model was developed which consists of a formula and a distribution methodology.

Definitions and symbols used in the Intrastate Funding Formula used for allocating Title III Part B, C, and E funds:

Symbol	Definition
<b>B\$</b>	Total dollars available under Title III B for distribution to AAAs
<b>C\$</b>	Total dollars available under Title III C for distribution to AAAs
<b>E\$</b>	Total dollars available under Title III E for distribution to AAAs
<b>60+</b>	Total number of people 60 and over in Maine

<b>75+</b>	Total number of people 75 and over in Maine
<b>EN60</b>	Total number of people 60 and over who are in the greatest economic need in Maine
<b>SN60</b>	Number of people 60 and over who are in the greatest social need in Maine
<b>M60</b>	Number of minority people 60 and over in Maine
<b>R60</b>	Total number of people 60 and over who live in rural area
<b>RGW60</b>	Total number of people 60 and over who live in rural area multiplied by total area in square miles and multiplied by 5% weight
<b>A:60+</b>	Number of people 60 and over in the AAA's PSA
<b>A:75+</b>	Number of people 75 and over in the AAA's PSA
<b>A:EN60</b>	Number of people 60 and over who are in the greatest economic need in the AAA's PSA
<b>A:SN60</b>	Number of people 60 and over who are in the greatest social need in the AAA's PSA
<b>A:M60</b>	Number of minority people 60 and over in the AAA's PSA
<b>A:R60</b>	Number of people 60 and over who live in rural area in the AAA's PSA
<b>A:RGW60</b>	Number of people 60 and over who live in rural area in the AAA's PSA, multiplied by AAA's percentage of total area in square miles, and multiplied by 5% weight
<b>#AAAs</b>	Number of designated AAAs in Maine
<b>*</b>	Multiplied by

An area agency on aging's Title III allocation will be equal to:

$$\frac{(.10*B\$)}{\#AAAs} + \left[ \left( \frac{A:60+ + A:75+ + A:M60+ + A:SN60 + A:EN60 + A:R60 + A:RGW60}{60+ + 75+ + M60+ + SN60 + EN60 + R60 + RGW60} \right) * (.90*B\$) \right]$$

**PLUS**

$$\frac{(.10*C\$)}{\#AAAs} + \left[ \left( \frac{A:60+ + A:75+ + A:M60+ + A:SN60 + A:EN60 + A:R60 + A:RGW60}{60+ + 75+ + M60+ + SN60 + EN60 + R60 + RGW60} \right) * (.90*C\$) \right]$$

**PLUS**

$$\frac{(.10*E\$)}{\#AAAs} + \left[ \left( \frac{A:60+ + A:75+ + A:M60+ + A:SN60 + A:EN60 + A:R60 + A:RGW60}{60+ + 75+ + M60+ + SN60 + EN60 + R60 + RGW60} \right) * (.90*E\$) \right]$$



**The intrastate funding formula allocates Older Americans Act Title III B, C, and E funds to area agencies on aging. The percent distribution as of January 2007 is as follows:**

Titles III B, III C, and III E

Aroostook Area Agency on Aging	8.78%
Eastern Agency on Aging	21.16%
Senior Spectrum	27.02%
SeniorsPlus	15.77%
Southern Maine Agency on Aging	27.27%

## **Minimum Required Expenditures from Title III B Funds**

The Older Americans Act requires the Bureau of Elder and Adult Services to specify in the State Plan the minimum amount it requires the area agencies on aging to spend from their Title III B Supportive funds on three priority categories of services. For the effective period of this plan, the Office of Elder Services will require each area agency on aging to spend a minimum of 50% of their Title III B funds on access services (such as transportation, outreach, information and referral), 5% on in-home services, and 10% on legal services.

## **Title III Part D Funding Formula**

The Older Americans Act requires the Office of Elder Services to establish a formula for allocating Title III Part D funds, used for health promotional activities, to the area agencies on aging that takes into consideration those with greatest economic need and those in Medically Underserved Areas (MUAs). The target population includes the un-institutionalized population living in MUAs who are (a) 65 years of age and older and disabled and (b) those 65 years of age and older with incomes below poverty.

### Title III D

Aroostook Area Agency on Aging	11%
Eastern Agency on Aging	53%
Senior Spectrum	23%
SeniorsPlus	12%
Southern Maine Agency on Aging	1%

The major difference between the current approved and the past IFF is the utilization of additional weights and factors. The factors and weights in this IFF more accurately reflect the demographic changes of the aging population in the state since the early 1990's. 2000 Census data shows that the state experienced a high level of growth in the 75+ age cohort. The increasing "75+" age cohort and "Rural" status of its service population are recognized in this IFF. In addition, this formula takes into greater consideration the population segments that place the greatest demands on the area agencies on aging's funding resources.

This IFF allows for an equitable allocation of Older Americans Act funds that considers: current demographic data and changes; continued preference to serve those of greatest economic and social needs; reflect the population segments served; and the needs and concerns of the AAAs.

## **APPENDIX F – LIST OF ASSURANCES**

### **Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

#### **ASSURANCES**

##### **Sec. 305(a)-(c), ORGANIZATION**

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(i) The State agency shall provide an assurance that the State agency will set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

## **Sec. 306 AREA PLANS**

(a)(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental health services) outreach, information and assistance, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

## **Sec. 307 STATE PLANS**

(a)(3)(B)(i) The State agency shall, with respect to services for older individuals residing in rural areas, provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000.

(a)(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(a)(7)(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(a)(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(a)(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(a)(11) The plan shall provide that with respect to legal assistance—

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services;

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(a)(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(a)(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(a)(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(a)(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(a)(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(a)(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(a)(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(a)(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(a)(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(a)(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308 PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705 ADDITIONAL STATE PLAN REQUIREMENTS**

(1) The State plan shall provide an assurance that Maine, in carrying out any chapter of this subtitle for which Maine receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) The State Plan shall provide an assurance that Maine will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) The State plan shall provide an assurance that Maine, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) The State plan shall provide an assurance that Maine will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) The State plan shall provide an assurance that Maine will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);



(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant

State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) Maine will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.



July 31, 2008

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Signature and Title of Authorized Official

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Date